

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

MAIL TO:

BAY BRIDGE ADMINISTRATORS, LLC
P.O. BOX 161690
AUSTIN, TEXAS 78716

POLICYHOLDER'S CHANGE AND SERVICE REQUEST

Policy Number (use 1 form per policy)/ Social Security No.	Name of Insured (Last, First, Middle)	Agent Name and Number (Please Print)
Take the following action(s) regarding this policy subject to National Union Fire Insurance Company of Pittsburgh, PA		
<div><input type="checkbox"/> Policy Changes, Reduction or Removals</div> <div style="margin-left: 20px;"><input type="checkbox"/> Change from <i>Family to Individual</i> coverage on health policy due to _____ If due to death of Named Insured, Name of Spouse _____ Social Security No. _____ Date of Birth _____ <input type="checkbox"/> Add Newborn Child _____ Name of Newborn _____ Date of Birth of Newborn _____ <input type="checkbox"/> If Divorced- Date of Divorce Decree _____</div>		
<div><input type="checkbox"/> Change Name of</div> <div style="margin-left: 20px;"><input type="checkbox"/> Named Insured From _____ To _____ Reason for Change _____ (complete Change of Address Form if needed) <i>Note: If the reason for the change is other than marriage, a certified copy of the court order is required.</i></div>		
<div><input type="checkbox"/> Address Change</div> <div style="margin-left: 20px;">_____ Name (last, First, Middle) _____ Street _____ City, State, Zip _____</div>		
<div><input type="checkbox"/> Payroll Allotment Billing Changes</div> <div style="margin-left: 20px;">Case No. _____ Social Security No. _____ Named Insured Name _____</div>		
Place Policy on Direct Bill Effective: _____ <div style="text-align: center;"><input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BANK DRAFT*</div> <p><small>* One Month's Premium, Bank Draft Authorization and Voided Check Required</small></p>		
<div><input type="checkbox"/> Application for Duplicate Policy</div> <div style="margin-left: 20px;"><input type="checkbox"/> I certify that the above policy has been lost or destroyed and that said policy is not assigned or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to National Union Fire Insurance Company of Pittsburgh, Pa., its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested.</div>		
<div><input type="checkbox"/> Other Instructions (Be specific)</div> <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>		
<div style="display: flex; justify-content: space-between;"><div>_____ Signature of Named Insured</div><div>_____ Date</div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Agents Use Only- National Union Fire Insurance Company of Pittsburgh, Pa. Send all items to be returned to:</p><div style="margin-top: 10px;"><input type="checkbox"/> Agent <input type="checkbox"/> Named Insured</div></div><div style="width: 50%;"><p>Home Office Use Only-</p><div style="margin-top: 10px;">Date Recorded _____ By _____ To be Effective On _____</div></div></div>		